

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022458

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

318
FILED JUN 3 1963

1003

5351

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Sedalia	
Length of stay in 1b 21 Hours		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis - Little Rock Hospital, Inc.		d. STREET ADDRESS Rt #1	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lewis - Zey			4. DATE OF DEATH Month Day Year May 17 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-15-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Carman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) California, Mo
13a. FATHER'S NAME Adam Zey		13b. MOTHER'S MAIDEN NAME Anna Ludwig	14. NAME OF HUSBAND OR WIFE Bertha Zey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. 1	17. INFORMANT Address Bertha Zey Rt. 1 Sedalia, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of the left ventricle DUE TO (b) Myocardial infarction, acute DUE TO (c) Coronary atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized atherosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1755 South Grand Blvd.		
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from May 16, 1963 to May 17, 1963 and last saw him alive on May 17, 1963 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS 1755 S. Grand Blvd.	
22c. DATE SIGNED 5-17-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 20, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	23d. LOCATION (City, town, or county) (State) Cooper County, Mo
24. FUNERAL DIRECTOR ADDRESS Ewing Funeral Home, Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. MAY 20 1963	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK
OR
TYPEWRITER RIBBON

69

DATE AMENDED

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MEDICAL CERTIFICATION

BY AFFIDAVIT OF

8961 8

NOC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

P. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Seaboard, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.